

EXHIBIT B

SUPPLEMENTAL EXPERT REPORT OF HENRY A. ANDERSON, MD

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HENRY A. ANDERSON, M.D.
ON BEHALF OF THE CLAIMANTS REPRESENTED BY
THE LAW FIRM OF DIES & HILE, L.L.P.
WITH REGARD TO THE HAZARD ADJUDICATION PHASE

In my report dated December 7, 2005 for the "Methodology" phase, I discussed certain of my opinions concerning the potential health effects from exposure to asbestos, including non-occupational and/or environmental exposure such as to in-place asbestos-containing materials ("ACM") in buildings. I also discussed my opinions regarding the potential health risks to those individuals who come in contact with, or disturb in-place ACM or dust from such materials. I also discussed that I may offer testimony regarding medical epidemiology with regard to asbestos health effects, applicable medical and scientific studies and literature and with regard to public health policy.

With regard to this Supplemental Report, I refer to and incorporate all of those matters and opinions discussed in my December 7, 2005 Report.

I may, in my testimony, discuss the disease process regarding asbestos related diseases including pleural and parenchymal asbestosis, lung cancer and mesothelioma.

It is my opinion that there is no, or at least a very small, background incidence for the disease of mesothelioma and most cases are related to exposure to asbestos.¹ This is true even with regard to those cases of mesothelioma for which no exposure has been identified. The rates of the incidence of the disease of mesothelioma in the United States and the world have continued to increase and there is evidence that the rates will remain high for some years to come.²

Settled dust recirculation is an important pathway of exposure for individuals who would not otherwise be exposed to asbestos. The disturbance of settled dust contaminated with asbestos by normal activities increases the risk of developing an asbestos related disease and is a significant

¹ Mark, B.J. & Yokoi, T., 1991, Absence of Evidence for a Significant Background Incidence of Diffuse Malignant Mesothelioma Apart From Asbestos Exposure, Third Wave of Asbestos Disease: Exposure to Asbestos in Place, Annals of NY Acad of Sciences, Volume 643; and Hilderdal, G., 1999, Mesothelioma: Cases Associated with Non-Occupational and Low Dose Exposures, Occupational Env'tl. Med. 56: 505-13.

² Peto, J., Hodgson, J., Matthews, F., & Jones, J., 1995, Continuing Increase in Mesothelioma Mortality in Britain, Lancet, 345: 535-39; Peto, J., Decarli, A., La Vecchia, C., Levi, F., & Negri, E., 1999, European Mesothelioma Epidemic, British J. of Cancer 79: 666-72.


public health concern.³ In my testimony, I only discuss the levels of exposure to asbestos which have been reported for building workers.⁴

Mesothelioma can result from exposure to damaged or disturbed in-place ACM in buildings. In addition to the household studies performed by me and others, and the literature regarding environmental exposures, including those studies referenced in my December 7, 2005 Report, a recent study found a Malignant Mesothelioma Proportionate Mortality Ratio (PMR) of 2.13 for school teachers.⁵

It is my opinion that short asbestos fibers can cause lung cancer and malignant mesothelioma.⁶

From a review of the literature and medical and scientific studies, OSHA determined to adopt a no threshold, linear dose response model. Such risk models underwent extensive public comment, were peer reviewed and are widely accepted by public health agencies and professionals. It is my view that such model is an appropriate model based on the epidemiological evidence.

I may supplement this report as may be appropriate.


Henry A. Anderson, M.D.
1/11/07
Date

³ Anderson, H., Lillis, R., Daum, S., Fischbein, A., Selikoff, I.J., Household exposure to asbestos and risk of subsequent disease, in: Dusts and Disease (Lemen, R. and Dement, J.M., eds.), 1979, 145-56, Pathalog Publishers, Park Forest South, IL; Bourdes, V., Boffetta, P., Pisani, P., 2000, Environmental Exposure to Asbestos and Risk of Pleural Mesothelioma: review and Meta-analysis, Eur J of Epidemiol 16: 411-417; Magnani, C., et al., 2000, Multicentric Study on Malignant Pleural Mesothelioma and Non-Occupational Exposure to Asbestos, Br. J. Cancer Jul; 83(1):10-11.

⁴ OSHA, 29 CFR Parts 1910 and 1926, June 20, 1986, Occupational Exposure to Asbestos, Tremolite, Anthophyllite and Actinolite, Fed Reg 51:119; Bourdes, V., Boffetta, P., Pisani, P., 2000, Environmental Exposure to Asbestos and Risk of Pleural Mesothelioma: review and Meta-analysis, Eur J of Epidemiol 16: 411-417

⁵ Bang, K.M., Pinheiro, G.A., Wood, J.M., & Symant, G., 2006, Malignant Mesothelioma Mortality in the United States, 1999-2001, Int J Occup Environ Health.

⁶ Suzuki, Y., Yuen, S.R., & Ashley, R., 2005, Short, thin asbestos fibers contribute to the development of human malignant mesothelioma: pathological evidence, Int J Hyg Environ Health 208:201-210; and Dodson, R.F., Atkinson, M.A.L., & Levin, J.L., 2003, Asbestos Fiber Length as Related to Potential Pathogenicity: A Critical Review, Am J Ind Med 44:291-297.